

# Application for licensure as a Radon Measurement Specialist



Department of Health and Human Services  
 Division of Public Health  
 Office of Environmental Health Hazards and Indoor Air  
 PO Box 95026  
 Lincoln, NE 68509-5026

*If you require further information regarding this application, please contact Sara Morgan, Program Manager, or Mark Versch, Environmental Health Analyst, at 1-800-334-9491.*

(Please **print** or **type** application.)

revised 09/2009

## SECTION A – PERSONAL INFORMATION

(All applicants for registration must complete this section.)

This section is public information and **will** be displayed on the internet at <http://www.nebraska.gov/LISSearch/search.cgi>.

**Note: All mailings from this office will be sent to the address you indicate below. If you change your address, you must notify this office.**

<b>1.</b>	<b>Legal Name</b>	First:	Middle/MI:	Last:
	<b>Maiden Name</b>	Name:	Other names you are known as (aka), if any:	
<b>2.</b>	<b>Current Address</b>	Street/Box/Route:		
		City:	State:	Zip:

## ADDITIONAL INFORMATION

This section is **not** public information and will **not** be displayed on the internet. A birth certificate satisfies both evidence of age and citizenship requirement - See Note for a complete list of acceptable documentation.

<b>3.</b>	<b>Date of Birth</b>	Month/Day/Year:	<b>Place of Birth</b>	City/State or Country:		
<b>4.</b>	<b>Check the Appropriate Box(s):</b>	<input type="checkbox"/> Social Security Number (SSN)	SSN			
		<input type="checkbox"/> Alien Registration Number ("A#"); or	A#			
		<input type="checkbox"/> Form I-94 (Arrival-Departure Record) Number	I-94#			
		If you have both a SSN and an A# or an I-94 number, you <b>must</b> report both. Social Security numbers obtained are not public information, but may be shared by the Department for administrative purposes if necessary, and only under appropriate circumstances to ensure against any unauthorized access to this information.				
<b>5.</b>	<b>Telephone:</b>		<b>Fax #:</b>		<b>E-Mail Address:</b>	
<b>6.</b>	Has your license in any profession in another state been revoked, suspended, limited, or disciplined in any manner?					YES ____ NO ____
If yes, applicant must provide an official copy of the disciplinary action. <b>See Note</b>						
<b>7.</b>	Have you been convicted of a misdemeanor or felony?					YES ____ NO ____
If yes, applicant must contact Nebraska Radon Program office for additional direction. <b>See Note</b>						

## SECTION B – PRACTICE PRIOR TO LICENSE

An individual who practices prior to issuance of a license is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the license.

<b>1.</b>	Have you practiced <b>Radon Measurement</b> in Nebraska prior to submitting this application?	YES ____ NO ____
<b>2.</b>	If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location and telephone number of the practice	# of days: _____
		Name of business: _____
		City: _____
		Telephone #: _____

**SECTION C - EDUCATION**

All applicants must complete **Part 1** and provide a copy of the Certificate of Successful Completion and a copy of exam results. If completing **Part 2**, applicants must provide an official transcript from the college attended.

**PART I:  
Initial Training and  
Course Information**

Name of Course:

Training Provider:

Location:

Date Completed:

**PART 2:  
Relevant Post-  
Secondary  
Education  
(If applicable)**

Name of Program:

College:

Location:

Date Completed:

**SECTION D – REGISTRATION FEE**

Find the year and month in which you are submitting the application.

Remit the appropriate registration fee, payable to the Nebraska Department of Health and Human Services. All licenses are issued for a two year period.

**PRORATION SCHEDULE**

<b>Year One</b> (Odd-numbered year)	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
	\$25	\$25	\$25	\$92	\$92	\$92	\$92	\$92	\$92	\$92	\$92	\$92
<b>Year Two</b> (Even-numbered year)	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
	\$92	\$92	\$92	\$92	\$92	\$92	\$92	\$92	\$92	\$25	\$25	\$25

•All licenses expire on March 31st of each odd-numbered year.

**SECTION E - ATTESTATION**

**Lawful Presence in the United States Attestation:** For the purpose of complying with Neb. Rev. Stat. §§38-129 and 4-108 through 4-114, I attest as follows:

**Please check the appropriate box(s) below:**

- ☐ I am a citizen of the United States
- ☐ I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act
- ☐ I am a non immigrant whose visa for entry, or application for visa for entry, is related to such employment in the United States
- ☐ I am a qualified alien under the Federal Immigration and Nationality Act

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

**Application Attestation:** I further attest that:

1. I have read the application or have had the application read to me;
2. All statements on the application are true and complete;
3. I am of good character; and
4. I have not committed any act that would be grounds for denial under Neb. Rev. Stat. § 38-178 and/or 38-179.  
If you have committed any act(s), you must provide an explanation of all such act(s).

**See Note Below**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:** The applicant must submit the following documentation:

1. **Age:** Evidence that you are at least 19 years of age i.e., driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation.
2. **Disciplinary Action:** If you have had any disciplinary actions taken against your license, you must submit a copy of the disciplinary action(s), including charge(s) and disposition(s).
3. **Conviction Information:** If you have been convicted of a felony or misdemeanor, you must submit:
  - (a) A copy of the court record, which includes charge(s) and disposition(s);
  - (b) An explanation from the applicant of the events leading to the conviction (what, when, where, why), and a summary of actions you have taken to address the behaviors/actions related to the convictions;
  - (c) All addiction/mental health evaluations and proof of treatment if the conviction involved a drug/alcohol related offense, and if treatment was obtained/required; and
  - (d) A letter from the probation officer addressing probationary conditions and current probationary status, if currently on probation.
4. **Citizenship (lawful permanent residency/ immigration status Information):** Applicant must submit a copy of at least **one** of the following documents:
  - (1) U.S. Passport (unexpired or expired)
  - (2) Birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
  - (3) American Indian Card (I-872)
  - (4) Certificate of Naturalization (N-550 or N-570)
  - (5) Certificate of Citizenship (N-560 or N-561)
  - (6) Certification of Report of Birth (DS-1350)
  - (7) Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240)
  - (8) Certification of Birth Abroad (FS-545 or DS-1350)
  - (9) United States Citizen Identification Card (I-197 or I-179)
  - (10) Northern Mariana Card (I-873)
  - (11) Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card")
  - (12) Unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport
  - (13) Document showing an Alien Registration Number ("A#"); or
  - (14) Form I-94 (Arrival-Departure Record);
5. **Education:** You must submit documentation of education including:
  - (a) A Certificate or Letter of Successful Completion from an approved training course; and
  - (b) An official college/university transcript, if applicable.
6. **Exam:** You must submit documentation of successfully passing an appropriate examination and include the following information:
  - (1) Name of examination
  - (2) Date of examination
  - (3) Rating/grade received.
7. **Experience:** You must submit documentation of experience (if applicable), including:
  - (1) Dates of relevant work experience
  - (2) Location of relevant work experience
  - (3) Name of business/employer who directed relevant work experience
8. **Fee:** You must submit the required fee.

Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.